



International Petroleum Corporation  
505 South Market Street  
Wilmington, DE 19801

TELEPHONE 302-421-9306  
FACSIMILE 302-421-9099

February 28<sup>th</sup>, 2014

US EPA Region 3  
Attn: Regional Administrator  
1610 Arch Street  
Philadelphia, PA 19103-2029

RE: Annual Hazardous Waste Report-CY2013  
International Petroleum Corp. of Delaware

To whom it may concern,

Attached you will find the 2013 hazardous waste report for International Petroleum Corporation of Delaware (EPA ID: DED 984 073 692). Should you have any questions regarding this report, please contact the Wilmington branch at 302-409-8996.

Regards,

A handwritten signature in blue ink, appearing to be 'Justin Burd', with a stylized, flowing script.

Justin Burd





**10. Type of Regulated Waste Activity (at your site)**

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☒

- 2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- 3. United States Importer of Hazardous Waste**

Y ☐ N ☒

- 4. Mixed Waste (hazardous and radioactive) Generator**

Y ☒ N ☐**5. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☒ a. Transporter  
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**6. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒**7. Recycler of Hazardous Waste**Y ☐ N ☒**8. Exempt Boiler and/or Industrial Furnace**

If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption  
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**9. Underground Injection Control**Y ☐ N ☒**10. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒

- 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐  
b. Pesticides ☐  
c. Mercury containing equipment ☐  
d. Lamps ☐  
e. Other (specify) \_\_\_\_\_ ☐  
f. Other (specify) \_\_\_\_\_ ☐  
g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**Y ☒ N ☐**1. Used Oil Transporter**

If "Yes", mark all that apply.

- ☒ a. Transporter  
☒ b. Transfer Facility (at your site)

Y ☒ N ☐**2. Used Oil Processor and/or Re-refiner**

If "Yes", mark all that apply.

- ☒ a. Processor  
☐ b. Re-refiner

Y ☒ N ☒**3. Off-Specification Used Oil Burner**Y ☒ N ☐**4. Used Oil Fuel Marketer**

If "Yes", mark all that apply.

- ☒ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner  
☒ b. Marketer Who First Claims the Used Oil Meets the Specifications

**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:☐ a. College or University☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or universityY ☐ N ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D039	F001	F002		

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.


**12. Notification of Hazardous Secondary Material (HSM) Activity**

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

**13. Comments**

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Justin Burd	02/28/2013
	EH&S Manager	







BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: IPC of Delaware505 S. Market StreetEPA ID Number D E D 9 8 4 0 7 3 6 9 2GM  
FORM

2013 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENTSec. 1 A. Waste description: UN 1992 Waste Flammable Liquids, Toxic n.o.s. 3(6.1), II

B. EPA hazardous waste code(s)

D 0 0 1F 0 0 2

C. State hazardous waste code(s)

D. Source code

G 2 2

Management Method code for Source code G25

E. Form code

w 2 0 0

F. Quantity generated in 2013

0 0 0 0 0 0 0 3 0 0UOM Density  lbs/gal ☐ sg

G. Waste minimization code

Sec. 2 Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?

☒ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☐ No (SKIP TO SEC. 3)

## ON-SITE PROCESS SYSTEM 1

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2013H

## ON-SITE PROCESS SYSTEM 2

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2013H

Sec. 3 A. Was any of this waste shipped off site in 2013 for treatment, disposal, or recycling?

☒ Yes (CONTINUE TO ITEM B)☐ No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste was shipped

N J D 0 7 1 6 2 9 9 7 6C. Off-site Management  
Method code shipped to

D. Total quantity shipped in 2013

0 0 0 0 0 0 0 3 0

Site 2

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management  
Method code shipped to

D. Total quantity shipped in 2013

Site 3

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management  
Method code shipped to

D. Total quantity shipped in 2013

Comments:



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME: IPC of Delaware  
505 S. Market StreetEPA ID Number D E D 9 8 4 0 7 3 6 9 2U.S. ENVIRONMENTAL  
PROTECTION AGENCYGM  
FORM

2013 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENTSec. 1 A. Waste description: NA 3082 Hazardous Waste Liquid n.o.s (Tetrachloroethylene) 9 PGII

B. EPA hazardous waste code(s)

D 0 3 9F 0 0 1

C. State hazardous waste code(s)

D. Source code

G

E. Form code

F. Quantity generated in 2013

0 0 0 0 0 0 3 2 7 0G. Waste  
minimization code

Management Method code for Source code G25

UOM Density  lbs/gal ☐ sg

Sec. 2 Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?

☒ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☐ No (SKIP TO SEC. 3)

## ON-SITE PROCESS SYSTEM 1

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2013H

## ON-SITE PROCESS SYSTEM 2

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2013H

Sec. 3 A. Was any of this waste shipped off site in 2013 for treatment, disposal, or recycling?

☒ Yes (CONTINUE TO ITEM B)☐ No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste was shipped

N J D 0 0 2 2 0 0 0 4 6C. Off-site Management  
Method code shipped to

D. Total quantity shipped in 2013

0 0 0 0 0 0 3 2 7 0

Site 2

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management  
Method code shipped to

D. Total quantity shipped in 2013

Site 3

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management  
Method code shipped to

D. Total quantity shipped in 2013

Comments:



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME: IPC of Delaware  
505 S. Market StreetEPA ID Number D E D 9 8 4 0 7 3 6 9 2U.S. ENVIRONMENTAL  
PROTECTION AGENCYGM  
FORM

2013 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENT**Sec. 1** A. Waste description: UN 2924 Waste Flammable Liquids, Corrosive n.o.s. 3(9), II

B. EPA hazardous waste code(s)

D 0 0 1  
D 0 0 2

C. State hazardous waste code(s)

    
  

D. Source code

G 2 2

Management Method code for Source code G25

  

E. Form code

W 2 0 0

F. Quantity generated in 2013

0 0 0 0 0 0 0 4 0 0UOM   Density    lbs/gal ☐ sgG. Waste  
minimization code  **Sec. 2** Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?

- ☒
- Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
- 
- ☐
- No (SKIP TO SEC. 3)

## ON-SITE PROCESS SYSTEM 1

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2013H  

## ON-SITE PROCESS SYSTEM 2

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2013H  **Sec. 3** A. Was any of this waste shipped off site in 2013 for treatment, disposal, or recycling?

- ☒
- Yes (CONTINUE TO ITEM B)
- 
- ☐
- No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility to which waste was shipped

T X D 0 0 0 8 3 8 8 9 6C. Off-site Management  
Method code shipped to  

D. Total quantity shipped in 2013

0 0 0 0 0 0 0 4 0 0

Site 2 B. EPA ID No. of facility to which waste was shipped

  C. Off-site Management  
Method code shipped to  

D. Total quantity shipped in 2013

  

Site 3 B. EPA ID No. of facility to which waste was shipped

  C. Off-site Management  
Method code shipped to  

D. Total quantity shipped in 2013

  

Comments:



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: IPC of Delaware  
505 S. Market Street

EPA ID Number D E D 9 8 4 0 7 3 6 9 2U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2013 Hazardous Waste Report

OI  
FORMOFF-SITE  
IDENTIFICATION

<b>Site 1</b>	A. EPA ID number of off-site installation or transporter <u>N J D 0 0 2 4 5 4 5 4 4</u>	B. Name of off-site installation or transporter <u>Veolia ES Technical Solutions</u>
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving facility		D. Address of off-site installation Street <u>125 Factory Lane</u> City <u>Middlesex</u> State <u>N J</u> Zip <u>0 8 8 4 6</u>
<b>Site 2</b>	A. EPA ID number of off-site installation or transporter <u>N J D 0 0 7 1 6 2 9 9 7</u>	B. Name of off-site installation or transporter <u>SJ Transportation Company Inc</u>
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		D. Address of off-site installation Street <u>N/A</u> City _____ State <u>  </u> Zip <u>  </u>
<b>Site 3</b>	A. EPA ID number of off-site installation or transporter <u>N J D 0 8 0 6 3 1 3 6 9</u>	B. Name of off-site installation or transporter <u>Veolia ES Technical Solutions</u>
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		D. Address of off-site installation Street <u>N/A</u> City _____ State <u>  </u> Zip <u>  </u>
<b>Site 4</b>	A. EPA ID number of off-site installation or transporter <u>T X D 0 0 0 8 3 8 8 9 6</u>	B. Name of off-site installation or transporter <u>Veolia ES Technical Solutions</u>
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving facility		D. Address of off-site installation Street <u>Hwy 73 3.5 mi west of Taylors bayou</u> City <u>Port Arthur</u> State <u>T X</u> Zip <u>7 7 6 4 0</u>

Comments:



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME: IPC of Delaware  
505 S. Market StreetEPA ID Number D E D 9 8 4 0 7 3 6 9 2U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2013 Hazardous Waste Report

OI  
FORMOFF-SITE  
IDENTIFICATION

Site <u>1</u> <u>5</u>	A. EPA ID number of off-site installation or transporter <u>N J R 0 0 0 0 4 0 6 6 7</u>	B. Name of off-site installation or transporter <u>Monarch Environmental</u>
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		D. Address of off-site installation Street <u>N/A</u> City _____ State <u>  </u> Zip <u>  </u>
Site <u>2</u> <u>6</u>	A. EPA ID number of off-site installation or transporter <u>  </u>	B. Name of off-site installation or transporter <u>Cycle Chem INC</u>
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving facility		D. Address of off-site installation Street <u>217 S First St</u> City <u>Elizabeth</u> State <u>N J</u> Zip <u>0 7 2 0 6</u>
Site <u>3</u>	A. EPA ID number of off-site installation or transporter <u>N J 0 0 5 4 1 2 6 1 6 2</u>	B. Name of off-site installation or transporter <u>Freehold Cartage</u>
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		D. Address of off-site installation Street <u>N/A</u> City _____ State <u>  </u> Zip <u>  </u>
Site <u>4</u>	A. EPA ID number of off-site installation or transporter <u>  </u>	B. Name of off-site installation or transporter <u>  </u>
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		D. Address of off-site installation Street _____ City _____ State <u>  </u> Zip <u>  </u>
Comments:		

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number DED 984 073692	2. Page 1 of 1	3. Emergency Response Phone (877) 818-0087	4. Manifest Tracking Number 000661306 VES			
5. Generator's Name and Mailing Address INTERNATIONAL PETROLEUM CORP. 505 SOUTH MARKET STR WILMINGTON, DE 19801		Generator's Site Address (if different than mailing address) INTERNATIONAL PETROLEUM CORP. OF DELAWARE 505 SOUTH MARKET STREET WILMINGTON, DE 19801						
Generator's Phone: 302 422-0306								
6. Transporter 1 Company Name VEOLIA ES TECHNICAL SOLUTIONS		U.S. EPA ID Number NJ D 0 8 0 6 3 1 3 6 9						
7. Transporter 2 Company Name ST TRANSPORTATION COMPANY INC		U.S. EPA ID Number MT D 0 7 1 6 2 9 9 7 6						
8. Designated Facility Name and Site Address VEOLIA ES TECHNICAL SOLUTIONS 135 FACTORY LANE MIDDLESEX, NJ 08846		U.S. EPA ID Number NJ D 0 0 2 4 5 4 5 4 4						
Facility's Phone: 732 489-5100								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (# any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
	X	1. UN1268, WASTE PETROLEUM DISTILLATES, n.s., (ISOPAR E, EXXOL D90 FLUID), 3, II, RQ (D001)	1	D M	240	P	D001	
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information ER Service Contracted by VESTS - 1) 100% ISOPAR & OIL								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offeror's Printed/Typed Name Peter D. L. Tine								
Signature [Signature]								
Month Day Year 01 28 13								
TRANSPORTER INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
	17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Mark Thompson								
Signature [Signature]								
Month Day Year 01 28 13								
Transporter 2 Printed/Typed Name Edward J. Magee								
Signature [Signature]								
Month Day Year 02 01 13								
DESIGNATED FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	Manifest Reference Number: _____							
	18b. Alternate Facility (or Generator) U.S. EPA ID Number _____							
	Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator)								
Month Day Year 02 01 13								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. 2. 3. 4.								
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name [Signature]								
Signature [Signature]								
Month Day Year 02 01 13								





68802-9

Form Approved, OMB No. 2050-0039

Please print or type. (Form designed for use on alpha (12-pitch) typewriter.)

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number DED984073692	2. Page 1 of 1	3. Emergency Response Phone (877) 818-0037	4. Manifest Tracking Number 000661307 VES			
5. Generator's Name and Mailing Address INTERNATIONAL PETROLEUM CORP. 505 SOUTH MARKET STR WILMINGTON, DE 19801		Generator's Site Address (if different than mailing address) INTERNATIONAL PETROLEUM CORP. OF DELAWARE 505 SOUTH MARKET STREET WILMINGTON, DE 19801						
Generator's Phone: 302 421-9300								
6. Transporter 1 Company Name VEOLIA ES TECHNICAL SOLUTIONS		U.S. EPA ID Number NJ090631369						
7. Transporter 2 Company Name Freehold Carriage Inc		U.S. EPA ID Number NJ05426164						
8. Designated Facility Name and Site Address VEOLIA ES TECHNICAL SOLUTIONS HIGHWAY 73 3.5 MILES W. OF TAYLOR'S BAYOU PORT ARTHUR, TX 77640		U.S. EPA ID Number TX0000038896						
Facility's Phone: 409 736-2821								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt/Vol	13. Waste Codes	
	X	UN1992, WASTE FLAMMABLE LIQUIDS, TOXIC, n.o.s. 3 (6.1) II	1 DEF		30	P	F002 D039	D001 OUTS B01H
14. Special Handling Instructions and Additional Information ER Service Contracted by VESTS - 1) PLC								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/stenciled, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Operator's Printed/Typed Name Peter Van Tine		Signature [Signature]		Month Day Year 01/28/13				
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		First of entry/exit: Date leaving U.S.:					
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name Mark Thompson		Signature [Signature]		Month Day Year 01/28/13			
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name Craig Lawson		Signature [Signature]		Month Day Year 02/01/13			
	18. Discrepancy							
18a. Discrepancy Indication Space		<input type="checkbox"/> Quantity	<input type="checkbox"/> Type	<input type="checkbox"/> Residue	<input type="checkbox"/> Partial Rejection	<input type="checkbox"/> Full Rejection		
18b. Alternate Facility (or Generator)		Manifest Reference Number:		U.S. EPA ID Number				
Facility's Phone:						Month Day Year		
18c. Signature of Alternate Facility (or Generator)						Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1.		2.	3.	4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a		Printed/Typed Name Ben Jones		Signature [Signature]		Month Day Year 02/04/13		

12 of 18

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number				
	DED984073692	1	800-320-3478	002823793 JJK				
	5. Generator's Name and Mailing Address		Generator's Site Address (if different than mailing address)					
	INTERNATIONAL PETROLEUM 302 S05 SOUTH MARKET ST. WILMINGTON, DE 19801							
	Generator's Phone: 421-9306							
6. Transporter 1 Company Name		U.S. EPA ID Number						
MONARCH ENVIRONMENTAL		NJR000040667						
7. Transporter 2 Company Name		U.S. EPA ID Number						
8. Designated Facility Name and Site Address		U.S. EPA ID Number						
CYCLE CHEM INC. 908 217 SOUTH FIRST STREET ELIZABETH, NJ 07206		NJ003200046						
Facility's Phone: 355-5800								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
			No.	Type				
	X	1. NA 3082 HAZARDOUS WASTE, LIQUID N.O.S. (TETRACHLOROETHYLENE) 9 PGII	3	DM	325	G	D039	F001
		2.						
		3.						
	4.							
14. Special Handling Instructions and Additional Information								
9BI. SQ1-ID (E,L) ERG-171 DE-HW-0478 GENERATOR # 966207								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offeror's Printed/Typed Name			Signature			Month Day Year		
[Signature]			[Signature]			[Signature]		
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:							
	Transporter signature (for exports only):							
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name			Signature			Month Day Year	
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name			Signature			Month Day Year	
	18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
Manifest Reference Number:								
18b. Alternate Facility (or Generator)						U.S. EPA ID Number		
Facility's Phone:								
18c. Signature of Alternate Facility (or Generator)						Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1.		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name			Signature			Month Day Year		



<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>DEED984073693</b>		2. Page 1 of 1		3. Emergency Response Phone <b>(877) 818-0057</b>		4. Manifest Tracking Number <b>000722196 VES</b>					
		5. Generator's Name and Mailing Address <b>INTERNATIONAL PETROLEUM CORP 505 SOUTH MARKET ST WILMINGTON, DE 19801</b>		Generator's Site Address (if different than mailing address) <b>INTERNATIONAL PETROLEUM CORP OF DELAWARE 505 SOUTH MARKET STREET WILMINGTON, DE 19801</b>		Generator's Phone: <b>302 431-8386</b>							
<b>GENERATOR</b>		6. Transporter 1 Company Name <b>VEOLIA ES TECHNICAL SOLUTIONS</b>		U.S. EPA ID Number <b>NJDEP0000000000</b>		7. Transporter 2 Company Name <b>ST TRANSPORTATION COMPANY INC</b>		U.S. EPA ID Number <b>NJ071629976</b>					
		8. Designated Facility Name and Site Address <b>VEOLIA ES TECHNICAL SOLUTIONS 135 FACTORY LANE MIDDLESEX, NJ 08846</b>		U.S. EPA ID Number <b>HI0602434544</b>		Facility's Phone: <b>732 469-5100</b>							
<b>TRANSPORTER</b>		9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity		12. Unit Wt./Vol.		13. Waste Codes	
						No. Type							
		1. <b>UNIFORM WASTE PETROLEUM DISTILLATES, n.p.s., (GECAR E. EXXSOL D80 FLUID) 3, II, EQ (D001)</b>		1		DM		240		P		D001	
		2.											
		3.											
<b>DESIGNATED FACILITY</b>		4.											
		14. Special Handling Instructions and Additional Information <b>EA Service Contracted by VESTS - 1) 100% MIXED SOLVENTS</b>											
<b>INTL</b>		15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
		Generator's/Officer's Printed/Typed Name <b>Jessica Blum</b>		Signature <i>[Signature]</i>		Month <b>05</b>		Day <b>13</b>		Year <b>13</b>			
<b>TRANSPORTER</b>		16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____											
		Transporter signature (for exports only): _____											
<b>DESIGNATED FACILITY</b>		17. Transporter Acknowledgment of Receipt of Materials											
		Transporter 1 Printed/Typed Name <b>Ray Sankowski</b>		Signature <i>[Signature]</i>		Month <b>05</b>		Day <b>13</b>		Year <b>13</b>			
<b>DESIGNATED FACILITY</b>		Transporter 2 Printed/Typed Name <b>James Szymczak</b>		Signature <i>[Signature]</i>		Month <b>05</b>		Day <b>14</b>		Year <b>13</b>			
		18. Discrepancy											
<b>DESIGNATED FACILITY</b>		18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection											
		Manifest Reference Number: _____ U.S. EPA ID Number _____											
<b>DESIGNATED FACILITY</b>		18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____											
		Facility's Phone: _____											
<b>DESIGNATED FACILITY</b>		18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____											
		19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
<b>DESIGNATED FACILITY</b>		1. <b>H001</b>		2. _____		3. _____		4. _____					
		20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a											
<b>DESIGNATED FACILITY</b>		Printed/Typed Name <b>Kenneth H. [Signature]</b>		Signature <i>[Signature]</i>		Month <b>05</b>		Day <b>14</b>		Year <b>13</b>			

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>D E D 9 8 4 0 7 3 6 9 2</b>		2. Page 1 of <b>1</b>		3. Emergency Response Phone <b>(877) 818-0087</b>		4. Manifest Tracking Number <b>000722197 VES</b>				
		5. Generator's Name and Mailing Address <b>INTERNATIONAL PETROLEUM CORP. 505 SOUTH MARKET STR WILMINGTON, DE 19801</b>						Generator's Site Address (if different than mailing address) <b>INTERNATIONAL PETROLEUM CORP. OF DELAWARE 505 SOUTH MARKET STREET WILMINGTON, DE 19801</b>				
6. Transporter 1 Company Name <b>VEOLIA ES TECHNICAL SOLUTIONS</b>		Generator's Phone: <b>302-431-9306</b>						U.S. EPA ID Number <b>N J D 0 8 0 8 3 1 3 6 9</b>				
7. Transporter 2 Company Name <b>FLEET HOLD PARTAGE INC</b>		U.S. EPA ID Number <b>N J D 0 5 4 1 2 6 1 6 4</b>						U.S. EPA ID Number				
8. Designated Facility Name and Site Address <b>VEOLIA ES TECHNICAL SOLUTIONS HIGHWAY 73 3.5 MILES W. OF TAYLOR'S BAYOU PORT ARTHUR, TX 77640</b>		Facility's Phone: <b>409-736-2821</b>						U.S. EPA ID Number <b>T X D 0 0 0 9 3 8 8 9 6</b>				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
						No.	Type					
	X	1. <b>UNIDENTIFIED WASTE FLAMMABLE LIQUIDS, CORROSIVE, N.O.S.</b>					<b>D F</b>	<b>30</b>	<b>P</b>	<b>D001</b>		
										<b>D001</b>	<b>OUTSIDE</b>	
14. Special Handling Instructions and Additional Information <b>ER Service Contracted by VESTS - 1) PLC</b>												
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.												
Generator's/Offor's Printed/Typed Name <b>JESSICA OLAT</b>						Signature <i>[Signature]</i>		Month Day Year <b>05 13 13</b>				
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____											
	17. Transporter Acknowledgment of Receipt of Materials											
TRANSPORTER	Transporter 1 Printed/Typed Name <b>Kay Sankowski</b>						Signature <i>[Signature]</i>		Month Day Year <b>05 13 13</b>			
	Transporter 2 Printed/Typed Name <b>Tom Masters</b>						Signature <i>[Signature]</i>		Month Day Year <b>05 13 13</b>			
DESIGNATED FACILITY	18. Discrepancy											
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection											
	Manifest Reference Number: _____											
	18b. Alternate Facility (or Generator)						U.S. EPA ID Number					
	Facility's Phone: _____											
18c. Signature of Alternate Facility (or Generator): _____ Month Day Year _____												
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)												
1. <b>H040</b>			2. _____			3. _____			4. _____			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a												
Printed/Typed Name <b>Vanessa Hofstad</b>						Signature <i>[Signature]</i>		Month Day Year <b>05 20 13</b>				



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<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number D E D 9 9 4 0 7 3 6 9 2	2. Page 1 of 1	3. Emergency Response Phone (877) 518-0087	4. Manifest Tracking Number 000728839 VES
5. Generator's Name and Mailing Address INTERNATIONAL PETROLEUM CORP. 305 SOUTH MARKET STR. WILMINGTON, DE 19801			Generator's Site Address (if different than mailing address) INTERNATIONAL PETROLEUM CORP. OF DELAWARE 305 SOUTH MARKET STREET WILMINGTON, DE 19801		
Generator's Phone: 302-421-2905					
6. Transporter 1 Company Name VEOLIA ES TECHNICAL SOLUTIONS				U.S. EPA ID Number NJ D 0 3 0 6 3 3 6 9	
7. Transporter 2 Company Name BT TRANSPORTATION COMPANY INC				U.S. EPA ID Number NJ D 0 7 1 6 2 9 9 7 6	
8. Designated Facility Name and Site Address VEOLIA ES TECHNICAL SOLUTIONS 125 FACTORY LANE MORTON, IL 60131				U.S. EPA ID Number IL D 0 2 4 5 4 3 4 4	
Facility's Phone: 708-480-5100					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity
			No.	Type	12. Unit Wt./Vol.
	X	1. UNCLE WALTER PETROLEUM DISTILLATE, n.o.s. (ISOPAR E, PETROL DROPLAND), 1 H. RQ (100)	1	D.M.	240 P
		2.			
		3.			
		4.			
13. Waste Codes					
14. Special Handling Instructions and Additional Information EE Service Contract by VESTS 1-11 ISOPAR E TECHNICAL DATA SHEET					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Officer's Printed/Typed Name ROBERT V. TILLO			Signature [Signature]		Month Day Year 08 05 13
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____				
	17. Transporter Acknowledgment of Receipt of Materials				
TRANSPORTER	Transporter 1 Printed/Typed Name JIM WITKOWSKI			Signature [Signature]	Month Day Year 08 05 13
	Transporter 2 Printed/Typed Name Edward T. Hagee			Signature [Signature]	Month Day Year 08 09 13
DESIGNATED FACILITY	18. Discrepancy				
	18a. Discrepancy Indication Space. <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection				
	Manifest Reference Number: _____				
	18b. Alternate Facility (or Generator) U.S. EPA ID Number _____				
	Facility's Phone: _____				
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. H001		2.		3.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a					
Printed/Typed Name Thomas M. Harris			Signature [Signature]		Month Day Year 08 09 13

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.



<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>D E D 9 0 4 0 7 3 6 9 2</b>		2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(877) 834-2087</b>		4. Manifest Tracking Number <b>000728840 VES</b>	
		5. Generator's Name and Mailing Address <b>INTERNATIONAL PETROLEUM CORP. 505 SOUTH MARKET ST WILMINGTON, DE 19801</b>		Generator's Site Address (if different than mailing address) <b>INTERNATIONAL PETROLEUM CORP. OF DELAWARE 505 SOUTH MARKET STREET WILMINGTON, DE 19801</b>				
6. Generator's Phone: <b>302 431-5306</b>		6. Transporter 1 Company Name <b>VEOLIA ES TECHNICAL SOLUTIONS</b>		U.S. EPA ID Number <b>N 7 D 0 8 0 6 3 1 3 6 9</b>				
7. Transporter 2 Company Name <i>Freehold Portage Inc.</i>		U.S. EPA ID Number <b>A 1 D 0 5 4 1 2 6 6 4</b>						
8. Designated Facility Name and Site Address <b>VEOLIA ES TECHNICAL SOLUTIONS HIGHWAY 72 11 MILES W OF TAYLOR MAYO RD PORT ARTHUR, TX 77640</b>		Facility's Phone: <b>409 794-0821</b>		U.S. EPA ID Number <b>T X D 0 0 0 8 3 8 6 2 4</b>				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
				No.	Type			
	<b>1</b>	<b>1. HAZ. WASTE FLAMMABLE LIQUIDS, CORROSIVE, A.C. 3 (1.1)</b>		<b>1</b>	<b>D.F.</b>	<b>10</b>	<b>P</b>	<b>D001</b>
								<b>D002</b> <b>OUTSIDE</b>
	14. Special Handling Instructions and Additional Information <b>EP Entry Controlled by VENTS 4-TYPE</b>							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offor's Printed/Typed Name <b>PO &amp; CO. Inc. T&amp;P</b>		Signature <i>[Signature]</i>		Month <b>08</b>		Day <b>05</b>		Year <b>13</b>
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input checked="" type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:					
	Transporter signature (for exports only):							
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name <b>JOE WITKOWSKI</b>	Signature <i>[Signature]</i>		Month <b>08</b>		Day <b>05</b>		Year <b>13</b>
	Transporter 2 Printed/Typed Name <b>R. F. 9712 SPENCER</b>	Signature <i>[Signature]</i>		Month <b>08</b>		Day <b>08</b>		Year <b>13</b>
DESIGNATED FACILITY	18. Discrepancy							
	18a: Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection		Manifest Reference Number:					
	18b. Alternate Facility (or Generator)		U.S. EPA ID Number					
	Facility's Phone:							
	18c. Signature of Alternate Facility (or Generator)		Month <b>08</b>		Day <b>05</b>		Year <b>13</b>	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. <b>H040</b>		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name <b>Alane Thomas</b>		Signature <i>[Signature]</i>		Month <b>08</b>		Day <b>15</b>		Year <b>13</b>